

Workforce Investment Act 85-Percent Formula Grants Program On-Site Monitoring Guide

Prepared By
Compliance Review Division
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WORKFORCE INVESTMENT ACT 85-PERCENT FORMULA GRANTS PROGRAM ON-SITE MONITORING GUIDE

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Preface

Background and Instructions

The purpose of the Program On-site Monitoring Review Guide is to provide the monitor with information needed to conduct an on-site review of the 85-Percent Formula grants' administrative and program operations. As stated in the confirmation letter, the monitor will review for compliance with applicable federal and state laws, regulations, and policies related to the Workforce Investment Act (WIA). The Program On-site Monitoring Guide should facilitate a more efficient review.

The Program On-site Monitoring Guide consists of three sections. We request that the Local Workforce Investment Area (LWIA) staff or its Subrecipient(s) complete Sections I and II and Attachment 1 in the guide. **Attachment I must be completed for each one-stop office in the LWIA.** The remaining Attachments will be used by the monitor while conducting the review.

The LWIA or Subrecipient staff responsible for completing the Program On-site Monitoring Guide may contact the monitor or his/her supervisor for clarification, if needed. In addition, please ensure that the individual(s) who complete the guide list their name, telephone number, position/title, and date completed at the end of each Section.

Please note that citations are provided for reference, but may not be inclusive of all regulations.

Please provide your completed Program On-site Monitoring Guide to the monitor prior to or at the entrance conference. Thank you.

LWIA:	
Executive Director/Administrator:	
Contact Person:	Phone #
CRD Monitor:	Phone #
CRD Manager:	Phone #

Section I

I. PROGRAM ADMINISTRATION

A. ONE-STOP DELIVERY SYSTEM

1. Have there been any significant changes to the infrastructure of this LWIA, such as closing, moving, or adding a One Stop Center, partner relocations, etc. since your last 85 Percent Program onsite review? ☐ Yes ☐ No If Yes, please describe the change(s).
2. Please complete one copy of Attachment #1, One Stop Center Information Form, for each comprehensive and satellite one stop office in this LWIA.
3. Please attach a current roster of the local WIB members. The list must include the member's name, the organization s/he represents, and the required category of representation s/he fulfills under WIA § 117(b) (2). [20 CFR 661.315]
(Included below is a checklist of required Board members for your validation.)
 - Representatives in the local area who are business owners. Business owners must make up the majority of the Board.
 - At least two representatives of local educational entities, local educational agencies, local school boards, post-secondary educational institutions.
 - At least two representatives of local labor organizations.
 - At least two representatives of community-based organizations.
 - At least two representatives of economic development agencies including private sector.
 - One or more representatives of each One-Stop partner.
4. Are all required categories represented by the appropriate number of members?
☐ Yes ☐ No If No, please explain how long the positions have been vacant and what is being done about recruitment.
5. Is there a business majority? ☐ Yes ☐ No If No, please explain how long the positions have been vacant, and what is being done about recruitment.

6. How does the Local Workforce Investment Board (WIB) ensure that it is not directly providing core, intensive, or training services, or act as a One-Stop Operator? [20 CFR 661.310]
7. Have Memoranda of Understanding (MOUs) been executed with all partners? [20 CFR 662.230] ☐ Yes ☐ No If No, please describe the steps taken to address this.
8. Do the MOUs describe the services provided by each partner at the One-Stop centers? [20 CFR 662.260; 20 CFR 662.310] ☐ Yes ☐ No If no, why not?
9. How does the LWIA ensure that partners are carrying out the services as described in its MOUs?
10. Please attach a current roster of the local Youth Council members. The list must include the member's name, the organization s/he represents, and the required category of representation s/he fulfills under Title 20 §661.335. (Included below is a checklist of required Youth Council members for your validation.)
- Members of the Local Board (i.e. educators, human service agencies with expertise in youth policy).
 - Members who represent service agencies such as juvenile justice and law enforcement.
 - Members who represent local housing authorities.
 - Parents of eligible youth seeking assistance under WIA.
 - Individuals, including former participants, and members who represent organizations that have experience relating to youth activities.
 - Members who represent the Job Corps, if located in the local area.
11. Does the Youth Council contain all the required members representing the six categories described in WIA Section 117(h)? ☐ Yes ☐ No [20 CFR 661.335] If No, please explain what is being done about recruitment and how long the positions have been vacant.
12. Please describe the types of activities and services the Youth Council provides in the LWIA. [20 CFR 661.340; 20 CFR 664.100]

13. How are youth activities coordinated and facilitated through the One-Stop delivery system? [20 CFR 664.700-710]

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14. How does the LWIA ensure that each partner is providing the full array of services to all participants in accordance with the Universal Access (nondiscrimination and equal opportunity) requirements of WIA §188 and 29 CFR 37?

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B. OVERSIGHT AND MONITORING

1. Please provide copies of the following documents:

- A listing of the LWIA's lower level subrecipients for PY's 2005-06 and 2006-07
- The LWIA's subrecipient program oversight and monitoring policies and procedures, if available
- The LWIA's subrecipient monitoring tools
- PY 2006-07 monitoring schedule
- PY 2005-06 monitoring reports (draft, response, and final) for all subrecipients including evidence that identified findings were corrected and corrective action plans were approved and implemented.

Note: Please have working papers for all program reviews available for review by the State monitor. [20 CFR 667.400(c)(1); 20 CFR 410; Directive WIAD00-7]

2. If the LWIA does not have monitoring policies and procedures, how does it ensure that its subrecipients comply with WIA provisions and other applicable laws and regulations? [20 CFR 667.410(a)]

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3. Please list the party or agency responsible for the oversight and monitoring of the following programs.

Adult
Dislocated Worker
Youth
One Stop Delivery System

4. How does the LWIA ensure that its subrecipients are monitoring their lower-level WIA providers? [20 CFR 667.410(a)]

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5. Do the oversight and monitoring plan, policies and procedures, schedule and tools:

- Identify procedures for onsite monitoring of all subrecipients at least once each program year. ☐ Yes ☐ No
- Require that the monitoring of subrecipients follow a standardized review methodology resulting in written reports that record findings, any needed corrective actions, and due dates for the accomplishment of corrective actions. ☐ Yes ☐ No
- Require systematic follow-up to ensure corrective action has been taken. ☐ Yes ☐ No
- Identify procedures for oversight of the One-Stop delivery system. ☐ Yes ☐ No
- Ensure that its subrecipients comply with the requirements in WIA Directive WIAD01-21 regarding nondiscrimination and equal opportunity. ☐ Yes ☐ No
- Ensure that its subrecipients comply with the requirements in WIA Directive WIAD03-12 regarding WIA program complaint and grievance procedures. ☐ Yes ☐ No
- Coordinate with other LWIAs for monitoring administrative entities serving multiple areas, if applicable. ☐ Yes ☐ No

For any No answers to the above questions, please explain.

[WIA §117(d)(4); Directive WIAD00-7]

C. MANAGEMENT INFORMATION SYSTEM

1. Please describe how the LWIA and/or its subrecipients ensure that participant and programmatic activities are reported to the State in a timely and consistent manner. Please include procedures on co-enrollments and timelines for subrecipient reporting, if applicable. [WIA § 185; Directive WIA04-17]

2. Please identify the party responsible for ensuring that the data are submitted through the Job Training Automation (JTA) system. [20 CFR 667.300(b); Directive WIA04-17]

3. Please describe your general case management practices. Please include when, how and by whom enrollment and exit dates are determined and how decisions on service levels are made. [20 CFR 663.105; 664.215; TEGL 7-99]

4. How does the LWIA ensure that concurrently enrolled participants are tracked accurately? Please explain how the LWIA ensures that there is no duplication of services and performance outcomes are credited to the appropriate WIA grants. [20 CFR 664.500(c)]

5. Please describe the local procedures/processes established to ensure that there are no periods of participant inactivity of 90 days or more.

D. INCIDENT REPORTING

[20 CFR 667.600 & 667.630]

1. Please provide a copy of the LWIA's internal management procedures related to the prevention, detection and reporting of fraud, waste, abuse, or criminal activity. [Directive WIAD02-3]

2. Please list the staff person responsible for notifying OIG and CRD.

3. How does the LWIA ensure that its staff and/or its subrecipients (including the One-Stop operators) are made aware of the responsibility to report any instances of fraud, waste, abuse, or criminal activity committed by staff, contractors, or program participants? [Directive WIAD02-3]

E. NONDISCRIMINATION AND EQUAL OPPORTUNITY

1. Please provide a copy of the LWIA's nondiscrimination and equal opportunity (EO) policies and procedures. [WIA §188; 29 CFR 37; 20 CFR 667.200(f); Directive WIAD01-21]
2. Please list the name of the LWIA's EO Officer.

3. Please provide a copy of the form that is maintained in participant case files to acknowledge receipt of the policies on nondiscrimination, equal opportunity, and EO grievances or complaints.

F. PROGRAM GRIEVANCE AND COMPLAINT

1. Please provide a copy of the LWIA's programmatic grievance and complaint policies and procedures. [WIA §181(c); 20 CFR 667.600; Directive WIAD03-12]
2. Does the policy:
 - Identify the one-year filing timeline? ☐ Yes ☐ No
 - Identify the requirement to provide staff assistance to the complainant in preparing the written complaint? ☐ Yes ☐ No
 - Identify the 30-day timeline for conducting a hearing? ☐ Yes ☐ No
 - Provide written notice to the complainant 10-days prior to the hearing?
☐ Yes ☐ No
 - State that a written decision will be issued within 60 days of a hearing?
☐ Yes ☐ No
 - Identify the process for appealing to the State? ☐ Yes ☐ No
3. Please provide a copy of the form that is maintained in participant case files to acknowledge receipt of the policies on programmatic grievances or complaints.

Name of Staff Completing Section I	Telephone	Position/Title	Date

Section II

II. PROGRAM OPERATIONS

A. ELIGIBILITY

1. WIA Directive WIAD04-18 transmitted the WIA Eligibility Technical Assistance Guide (TAG). Please provide a copy of the local “Table of Documentation to Establish WIA Eligibility”, which is described in Section X of the TAG. [WIA §188(a)(5); WIA §189 (h); 20 CFR 663.105-115; 20 CFR 664.200-240; Directive WIAD01-4]
2. Please describe the circumstances under which an applicant statement is accepted to verify an eligibility requirement.

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3. If a participant was required to register with the Selective Service System but did not, and is presumptively disqualified, please describe the local policy and procedure for determining subsequent eligibility. [Directive WIAD01-4]

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4. How are the equal opportunity data collected during the registration process? [20 CFR 663.105(c) and 20 CFR 664.215(c)]

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5. Certain populations may be given priority related to WIA services. Please provide a copy, or describe, the local policy on priority for low-income, recipients of public assistance, and veterans. [20 CFR 663.600, TEGL 5-03]

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B. CORE A SERVICES [WIA §134(d)(2); 20 CFR 662.240]

1. Please provide a brief description of how the following Core A services are provided in the LWIA.

Determinations of eligibility
Outreach, intake, orientation, etc.

Employment statistics information (vacancies, skills, demand, etc.)
Program performance and cost (training providers, youth providers, etc.)
Local area performance measures
Availability of supportive services
Information on filing for unemployment insurance
Assistance with establishing eligibility for financial assistance, etc.

C. REGISTERED CORE (CORE B) SERVICES

[WIA §134(d)(2); 20 CFR 662.240, 20 CFR 663.160]

1. Please provide a brief description of how the following registered core services are provided in the LWIA.

Initial assessment
Staff assisted job search and placement
Staff assisted job referrals
Staff assisted job development
Follow up services

2. What specific documentation is maintained in the participant case files for verifying what registered core services were provided to the participant? Please provide an example of forms, checklists, or documents used.

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D. INTENSIVE SERVICES [WIA §134(d)(3); 20 CFR 663.200-250]

1. Please provide a brief description of the intensive services provided in the LWIA.
[WIA §134(d)(3); 20 CFR 662.200]

Comprehensive and specialized assessments
Employment plans (identifying goals, objectives and services)
Group counseling
Individual counseling and career planning
Case management for those seeking training
Prevocational services (learning, communication and soft skills)
Out of area job search assistance
Literacy activities (related to work readiness)
Relocation assistance
Internships
Work Experience (paid or unpaid)

2. Before providing intensive services, how is it determined and documented that a participant cannot obtain or retain employment that leads to self-sufficiency with the core services received? [20 CFR 663.160; 20 CFR 663.220]

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3. What are the criteria for determining “self-sufficiency” when giving intensive services to employed individuals? [20 CFR 663.230]

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E. TRAINING SERVICES

[WIA §134(d)(4); 20 CFR 663.300-595]

1. Please provide a brief description of the training services provided in the LWIA.
[WIA §134 (d)(4); 20 CFR 663.300; WIAD 04-17]

Occupational skills training
On-the-job training
Workplace training and related instruction, cooperative education
Private sector training
Skill upgrading and retraining
Entrepreneurial training
Job readiness training
Adult education and literacy activities
Customized training (conducted with employer commitment)
Other

2. Before providing training services, how is it determined and documented that the participant is unable to obtain or retain employment with the core and intensive services already provided? [20CFR 663.310(a)]

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3. How is it determined and documented that a participant has the skills and qualifications to successfully complete a training program? [20 CFR 663.310(b)]

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4. How do the LWIA staff and/or its subrecipients ensure and document that training is directly linked to existing employment opportunities? [20 CFR 663.310(c)]
5. Before using WIA funds to finance training, how is it determined and documented that other funding is unavailable? [20 CFR 663.310(d); 20 CFR 663.320]
6. How are the requirements for consumer choice implemented? [20 CFR 663.440]
7. How is the State list of eligible training providers disseminated? [20 CFR 663.510(d)(6)]
8. How do LWIA staff and/or its subrecipients ensure that training providers who are **not** on the ETPL have met demonstrated performance (i.e., financial stability, program completion rate, attainment of skills, placement in unsubsidized employment)? [20 CFR 663.430(a)(3); 20 CFR 663.590; 20 CFR 663.595]
9. Please provide a copy of the local policy on Individual Training Accounts (ITAs). Please note any limitations on amount or duration of an ITA and any exception criteria. [20 CFR 663.400-420]
10. Please provide, or describe, the local policy on recovery of unused training funds. [Directive WIAD04-4]
11. How is it determined and documented that customized or on-the job training (OJT) will be used instead of ITAs to provide training services? Please provide a list of all OJT and customized training contracts. [20 CFR 663.430]
12. Please describe how OJT providers are identified and selected? Please include information on the amount of reimbursement (not to exceed 50-percent); identification of employers not providing long-term employment; and determining the appropriate length of an OJT contract. [20 CFR 663.700]

13. Please describe how OJT contracts are developed and monitored to ensure that appropriate services are being provided. [20 CFR 667.410(a)]

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F. SUPPORTIVE SERVICES

[WIA §101(46); WIA §134(e)(2) & (3); 20 CFR 663.800-840; 20 CFR 664.440]

1. Please provide a copy of the LWIA's supportive services policies and procedures.
2. Please check and provide a brief description of the supportive services provided in the LWIA. Please note any limitations, whether in the amount or duration.

Transportation
Child or dependent care
Housing
Other

3. Under what circumstances can needs related payments be authorized in your area? Define local policy on needs related payments.

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4. How is it determined and documented that supportive services are necessary to participate in WIA activities and are unavailable from other sources?

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G. YOUTH SERVICES

[WIA §129; TEGLs 9-00, 18-00, 28-01, and 17-05; 20 CFR 664 et seq.]

1. How are youth participants assessed to determine their academic and occupational skills, prior work experience, employability, interests, aptitudes and service needs? How is this documented in the participant case file? [WIA §129 (c)(1)(A) and 20 CFR 664.405(a)(1)]

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2. How are assessment results incorporated into the development of the youth's individual service strategy? [WIA §129(c)(1)(B); 20 CFR 664.405(a)(2)]

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3. Please provide a brief description of how each of the ten required youth program elements are provided in the LWIA. [WIA §129 (c) (2) (A-J); 20 CFR 664.200; 664.410; Directive WIAD04-24]

Tutoring, study skills training, instruction, drop-out prevention, etc.
Alternative secondary school offerings
Summer employment activities
Work experience
Occupational skills training
Leadership development opportunities
Supportive services
Adult mentoring
Follow-up services
Comprehensive guidance and counseling

4. Please describe how the local youth program elements:

Prepare the youth for post-secondary educational opportunities
Provide linkages between academic and occupational learning
Prepare the youth for employment
Connect youth with other organizations providing links to the job market.

[20 CFR 664.405(a)(3)]

5. How is the receipt of services documented in the case file? Please provide an example of forms, checklists, or documents used.

6. For younger youth, how are skill attainment goals measured and documented?
[WIA §136(b)(2)(A); 20 CFR 666.100(a)(3)(i)]

7. For older youth, how are performance goals measured and documented?
[WIA §136(b)(2)(A); 20 CFR 666.100(a)(3)(ii)]

8. Does the LWIA offer and grant youth participants achievement incentive awards?
☐ Yes ☐ No If Yes, please describe the incentive program and the types and value of the incentive awards. [WIA § 129 (a) (5)]

9. Please describe how follow-up services are provided to youth participants during the 12 months following exit? [20 CFR 664.450]

10. How do the LWIA staff and/or its subrecipients ensure that the summer youth program is not a stand-alone program? Please describe how the summer youth employment program provides direct linkages to academic and occupational learning. [20 CFR 664.600(b)(d)]

11. Please describe how the LWIA ensures verification that 17 year old male participants are registered for the selective service if they turn 18 during the period of WIA enrollment.

H. RAPID RESPONSE

[WIA §101(38); 20 CFR 665 et seq.; Directive WIAD05-1, Bulletin WIAB05-88]

1. Please provide a brief description of how rapid response services are provided by the LWIA. Please include the timeline from notice of layoff or closure to how soon employers and employee representatives are contacted, what information is provided and what information is collected. [20 CFR 665.310]

Immediate, onsite contact with the employer, worker representatives and community
Information and access to UI benefits, One-Stop services, employment and training activities
Guidance and/or financial assistance in establishing labor-management committees
Emergency assistance
Coordinated response with the WIB and chief elected official

2. How does the LWIA maintain a record of its Rapid Response activities and reporting (i.e., 121 reports and WARN notices)? [Directive WIAD04-13]

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3. Please provide the state monitor with a listing of all rapid response activities conducted by the LWIA in PY 2006-07. The listing should include the following information (if available):

- The name of the business
- The number of jobs/employees impacted by layoff
- The number of rapid response sessions held, the location of the sessions (employer on-site or off-site), and the number of affected employees in attendance at each session.

I. LOCAL BUSINESS SERVICES

[WIA §134 (e) (1) (A/B)]

Please indicate which of the following resources and/or services are provided to local businesses through the LWIA's one stop system.

Service	Free	Fee-for-Service	Cost		Net Annual Income
			\$	Per Fee Basis	
Employment vacancy candidate screening & referral-staff hours	<input type="checkbox"/>	<input type="checkbox"/>			
Employment vacancy candidate screening & referral-facilities	<input type="checkbox"/>	<input type="checkbox"/>			
Photocopies	<input type="checkbox"/>	<input type="checkbox"/>			
Fax Machines	<input type="checkbox"/>	<input type="checkbox"/>			
Internet Use	<input type="checkbox"/>	<input type="checkbox"/>			
Telephone Use	<input type="checkbox"/>	<input type="checkbox"/>			
Business Consultation	<input type="checkbox"/>	<input type="checkbox"/>			
Marketing Training	<input type="checkbox"/>	<input type="checkbox"/>			
Marketing Materials	<input type="checkbox"/>	<input type="checkbox"/>			
Internet Training/Website Design	<input type="checkbox"/>	<input type="checkbox"/>			
Entrepreneurial Training	<input type="checkbox"/>	<input type="checkbox"/>			
Business Accounting Training	<input type="checkbox"/>	<input type="checkbox"/>			
Business Taxation Training	<input type="checkbox"/>	<input type="checkbox"/>			
Business Law Training	<input type="checkbox"/>	<input type="checkbox"/>			
Employment Law Training	<input type="checkbox"/>	<input type="checkbox"/>			
Employment Forms and Information Booklets	<input type="checkbox"/>	<input type="checkbox"/>			
Employee Training/Workshops	<input type="checkbox"/>	<input type="checkbox"/>			
Employee Training Modules – books, videos, software, etc.	<input type="checkbox"/>	<input type="checkbox"/>			
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>			
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>			
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>			
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>			
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>			

Name of Staff Completing Section II	Telephone	Position/Title	Date
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LWIA One Stop Center Information

LWIA Name:		LWIA Acronym:	
One Stop Center Name			
Address	Street Address: City ZIP		
One Stop Center Operator			
What type of Facility? <input type="checkbox"/> Comprehensive One Stop <input type="checkbox"/> Satellite		Population(s) Served at this Location: <input type="checkbox"/> Adult <input type="checkbox"/> Dislocated workers <input type="checkbox"/> Youth	

Indicate below partner programs, organizational name, whether signed current MOU's exist and location.

	Program	Organization Name	Signed MOU?		On Site	Off Site
<input type="checkbox"/>	WIA Programs (Adult, DW, Youth)		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Wagner-Peyser Programs		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Adult Education/Literacy Programs		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Rehabilitation Program		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Older Americans Act		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Post Secondary Vocational Program		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	TAA/NAFTA TAA		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Veteran Programs		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CSBG Employment & Training Program		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	HUD Employment & Training Programs		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Programs under UI		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other: 20 CFR § 662.210		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LWIA One Stop Center Information

<input type="checkbox"/>	Other: 20 CFR § 662.210		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other: 20 CFR § 662.210		Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate below the required core A activities carried out in this location and the method(s) of service delivery of each	Internet	In Person Interview	Phone	Print Media	Referral (Off-site)	Other (Describe)
<input type="checkbox"/> WIA Eligibility Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Orientation to WIA Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Needs Assessment (skills, aptitudes, abilities, supportive service needs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Job Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Job Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Career Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Job Vacancy Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Occupational Skills Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Local in Demand Occupations and Required Skills/Earnings Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Information on Availability of Supportive Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> UI Claims Filing Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Assistance Establishing Eligibility for Programs of Financial Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Local Area Performance Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Follow-up Service Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

LWIA One Stop Center Information

Indicate below the required core A activities carried out in this location and the method(s) of service delivery of each	Internet	In Person Interview	Phone	Print Media	Referral (Off-site)	Other (Describe)
Program Performance and Cost of:						
<input type="checkbox"/> Eligible Training Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Eligible Providers of Youth Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Providers of Adult Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Providers of Post Secondary Vocational Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Providers of Vocational Rehabilitation Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate below the required core B activities carried out in this location and the method(s) of service delivery of each	Internet	In Person Interview	Phone	Print Media	Referral (Off-site)	Other (Describe)
Staff Assisted Job Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff Assisted Job Search, Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff Assisted Job Referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff Assisted Job Clubs/Workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Describe the location(s) where the local EO/Nondiscrimination policies and procedures are publicly posted in this facility.

1. _____
2. _____
3. _____

Describe the location(s) where the local WIA Grievance/Complaint policies and procedures are publicly posted in this facility.

1. _____
2. _____
3. _____

LWIA One Stop Center Information

Describe the location and availability of public transportation near this facility.	
Does the parking facility contain the required number of handicapped spaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this facility have TTY services available for hearing impaired participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are American Sign Language trained staff available to assist hearing impaired participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this facility have tactile signage available for sight impaired participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the curbs leading to the public entrance have ramps for wheelchair access? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No, how are customer's in wheelchairs accommodated?	
Do the public entry doors to this facility have power assist mechanisms for wheelchair confined participants? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No, how are customer's in wheelchairs accommodated for ingress and egress?	
Indicate what foreign languages, if any, are spoken by staff members to accommodate non-English speaking participants:	
Describe how services are made available to an individual who is working full-time (M-F 8-5) but in need of assistance to become self sufficient?	
Are facilities and services available to local businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please describe the services that are available.	
In the next 12 months are any major changes expected to the infrastructure of this area, i.e. moving a facility, adding or deleting a facility, acquisition of new computer systems (hardware/software), etc.? _____ _____	

Additional Information and/or Monitor Notes:

Name of The Staff Member Completing This Form:	Title	Telephone Number
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Youth Program

YOUTH CASE FILE REVIEW WORKSHEET

Monitor:		Date:	
LWIA:		Subrecipient:	
PARTICIPANT DATA & GENERAL ELIGIBILITY			
Participant Name:		Social Security Number:	
Application date: ____/____/____	Registration/Enrollment date: ____/____/____	Date Of Birth: ____/____/____	Age: _____ <input type="checkbox"/> RTW <input type="checkbox"/> Youth Work Permit
<input type="checkbox"/> Selective Service <input type="checkbox"/> Registered Selective Service after enrollment		<input type="checkbox"/> Equal Opportunity Information Provided <input type="checkbox"/> Complaint and Grievance Procedure Information Provided	
PROGRAM ELIGIBILITY FOR YOUTH SERVICES			
Youth is between ages <input type="checkbox"/> YY 14-18 or <input type="checkbox"/> OY 19-21 <input type="checkbox"/> Attending any school or <input type="checkbox"/> Out of School and <input type="checkbox"/> Dropout or <input type="checkbox"/> Holds GED, not employed or underemployed		AND IS WITHIN ONE OR MORE OF THE FOLLOWING CATEGORIES: <input type="checkbox"/> 1. Deficient in Basic Literacy Skills (20 CFR 664.205) Basic Skill Goal # _____ Set on ____/____/____ <input type="checkbox"/> 2. School Dropout <input type="checkbox"/> 3(a). Homeless or <input type="checkbox"/> 3(b) Runaway or <input type="checkbox"/> Foster Child <input type="checkbox"/> 4. Pregnant or Parenting <input type="checkbox"/> 5. Offender <input type="checkbox"/> 6. Requires Additional Assistance to Complete an Educational Program or to Secure and hold Employment including a youth with a disability. (20 CFR 664.210) OR <input type="checkbox"/> 5% Low Income Exception Window (20 CFR 664.220) in one or more of categories 2, 3 (a) or (b), 4, or 5 checked above or <input type="checkbox"/> Is basic skills deficient (differs from #1 above, refer to WIA 101(4)) <input type="checkbox"/> one or more grade level(s) below age appropriate grade <input type="checkbox"/> Has a serious barrier to employment. Describe barrier below: _____	
AND LOW INCOME <input type="checkbox"/> Public Assistance Program (Cash Payments) <input type="checkbox"/> Family Income: 6 months \$ _____ Family Size: _____ <input type="checkbox"/> Food Stamps <input type="checkbox"/> Homeless <input type="checkbox"/> Disability <input type="checkbox"/> Foster Child			
Documentation Reviewed/Notes:			
OBJECTIVE ASSESSMENT DATE: ____/____/____			
<input type="checkbox"/> Academic Skill Levels	<input type="checkbox"/> Basic Skills	<input type="checkbox"/> Occupational Skill Levels	
<input type="checkbox"/> Employability	<input type="checkbox"/> Prior Work Experience	<input type="checkbox"/> Interests	
<input type="checkbox"/> Supportive Service Needs	<input type="checkbox"/> Developmental Needs	<input type="checkbox"/> Aptitudes (including interest and aptitudes for non-traditional jobs)	
<input type="checkbox"/> Objective assessment developed under another education or training program. Specify program and date.			
DATE INDIVIDUAL SERVICE STRATEGY DEVELOPED: ____/____/____			
<input type="checkbox"/> Employment Goal(s) _____ Date Set ____/____/____ <input type="checkbox"/> Achievement Objective(s) _____ <input type="checkbox"/> Appropriate Services Concur with Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain _____ <input type="checkbox"/> ISS developed under another education or training program? Please specify program and date developed.			
PROGRAM ELEMENTS: Identify the service(s) provided to the participant			
<input type="checkbox"/> Tutoring, study skills training, and instruction leading to completion of secondary school, including dropout prevention. <input type="checkbox"/> Adult Mentoring <input type="checkbox"/> Supportive Services	<input type="checkbox"/> Summer Employment Opportunities directly linked to academic and occupational learning <input type="checkbox"/> Alternative Secondary School Services	<input type="checkbox"/> Paid and unpaid work experiences, including internships, job shadowing <input type="checkbox"/> Occupational Skills Training <input type="checkbox"/> Follow-up services	
<input type="checkbox"/> Leadership development opportunities which may include community service and peer-centered activities	<input type="checkbox"/> Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral		
<input type="checkbox"/> Services Concur with Objective Assessment or ISS? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain: _____			

Youth Program

YOUTH CASE FILE REVIEW WORKSHEET

☐ SUPPORTIVE SERVICES

<input type="checkbox"/> Linkages to Community Services	<input type="checkbox"/> Transportation	<input type="checkbox"/> Child, elder, or other dependent care
<input type="checkbox"/> Housing	<input type="checkbox"/> Referrals to medical services	<input type="checkbox"/> Uniforms or other appropriate work attire
<input type="checkbox"/> Work related tools or safety gear	<input type="checkbox"/> Text Books/Class Materials	<input type="checkbox"/> Food

<input type="checkbox"/> Incentive Award [WIA 129(a)(5)]	Reason:	Award Type:	Value \$
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Services necessary, reasonable, and allowable? ☐ Yes ☐ No, If No, explain

Consistent with local written policy? ☐ Yes ☐ No, If No, explain

SKILLS ATTAINMENT GOALS FOR YOUNGER YOUTH (14-18)

Goal(s) concur with ISS? ☐ Yes ☐ No, If No, explain:

<input type="checkbox"/> Basic Skills	Date(s) Set ____/____/____	Achieved <input type="checkbox"/> No, state reason <input type="checkbox"/> Yes Date	Specify Skills, Reasons, Notes:
<input type="checkbox"/> High School Diploma or GED	Date Set ____/____/____	Achieved <input type="checkbox"/> No, state reason <input type="checkbox"/> Yes Date	
<input type="checkbox"/> Occupational Skills	Date Set ____/____/____	Achieved <input type="checkbox"/> No, state reason <input type="checkbox"/> Yes Date	
<input type="checkbox"/> Work Readiness	Date Set ____/____/____	Achieved <input type="checkbox"/> No, state reason <input type="checkbox"/> Yes Date	
<input type="checkbox"/> Placement and retention in Post Secondary Education, Advance Training, Military Service, Employment, or Qualified Apprenticeships	Date Set ____/____/____	Achieved <input type="checkbox"/> No, state reason <input type="checkbox"/> Yes Date	

PERFORMANCE GOALS FOR OLDER YOUTH (19-21)

Goal(s) concur with ISS? ☐ Yes ☐ No, If No, explain:

<input type="checkbox"/> Unsubsidized employment Job Type:	Date Set ____/____/____	Achieved <input type="checkbox"/> No, state reason <input type="checkbox"/> Yes Date	Reasons, Notes:
<input type="checkbox"/> Six month retention in unsubsidized employment	Date Set ____/____/____	Achieved <input type="checkbox"/> No, state reason <input type="checkbox"/> Yes Date	
<input type="checkbox"/> Earnings received in unsubsidized employment six months after entry into the employment	Date Set ____/____/____	Achieved <input type="checkbox"/> No, state reason <input type="checkbox"/> Yes Date	
<input type="checkbox"/> Attained recognized credential related to the following: <input type="checkbox"/> Achievement of educational skills (secondary school diploma, HS Diploma, GED), OR <input type="checkbox"/> Occupational skills, for participants who enter into post secondary education, advanced training, or unsubsidized employment	Date Set ____/____/____	Achieved <input type="checkbox"/> No, state reason <input type="checkbox"/> Yes Date	

FOLLOW-UP ACTIVITIES

Follow-up Services provided for a minimum duration of 12 months? ☐ Yes ☐ No If Yes, show dates, If No, explain:

<input type="checkbox"/> Leadership Development	<input type="checkbox"/> Supportive Service Activities	<input type="checkbox"/> Adult Mentoring
<input type="checkbox"/> Regular contact with participant's employer	<input type="checkbox"/> Work related peer support groups	<input type="checkbox"/> Tracking progress in employment & training

☐ Assistance in securing better paying jobs, career development, addressing work related problems. and further education

Exit Date ____/____/____ Date entered unsubsidized employment ____/____/____ p Hr. p Mo. Wage \$

Employer Job Title Hrs. Per Week

Notes:

Case File Review Issues Summary

LWIA: _____ Subrecipient : _____

CRD MONITOR(S) : _____ DATE: _____

TYPES OF ISSUES: ☐ ELIGIBILITY • ☐ GRIEVANCE PROCEDURES ☐ INTENSIVE SERVICES ☐ TRAINING SERVICES ☐ FOLLOW-UP ACTIVITIES ☐ SUPPORTIVE SERVICES
☐ REPORTING

#	PARTICIPANT NAME & SSN	WHAT IS THE ISSUE?
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Participant Work Activity (OJT, WEX, Customized Training)

Review a sample of monitoring reports or other documentation showing that the work activities are overseen in the LWIA.

LWIA : _____ Date Completed: _____ CRD Monitor: _____

Employer/Trainer Reviewed	Date of Review	Date Report Issued	Reviewed Amounts Claimed* (Y/N)	Reviewed Training Provided* (Y/N)	Issues Identified (Y/N)	Corrective Action Requested (Y/N)	Due Date Requested	Corrective Action Performed (Y/N)	Follow-up conducted (Y/N)
Comments:									

* Info. may be contained in either the LWIA's Monitoring Guide, Monitoring Reports, or other documentation

Subrecipient Monitoring

Review monitoring reports for oversight of subrecipient programs.

LWIA : _____ Date Completed: _____ CRD Monitor: _____

Entity Reviewed and Type of Review	Date of Review and Date Report Issued	List all the Issues Identified	CA Requested (Y/N)	Due Dates Requested (Specify)	CA Performed (Y/N)	Date Follow-up Conducted
Comments						

Participant Interview Guide

LWIA and location: _____

Participant's Name: _____

CRD Monitor: _____ **Date:** _____

1. How did you learn about the One-Stop Center?

2. With whom did you discuss your skills, education, work experience and employment goals?

3. What services are you receiving?

4. How are these services helping you reach your employment (or educational) goals?

5. Do you have any family members employed at the One-Stop Center or at your training location? If yes, what do they do and how are they related to you?

6. Have you encountered any problems while enrolled in the program? If so, how were they handled?

7. Do you feel safe when coming to the One-Stop Center? If you are participating in any work activities, is the workplace or training location a safe and healthy environment?

8. Have you received any supportive services? If so, please describe them. Would you have been able to participate in the WIA program had you not received the supportive service?

9. Have you been referred to services provided by any other organizations? If so, list what organizations and what services they have provided you.

10. If you felt you were being treated unfairly or being discriminated against, how would you file a complaint?

11. Have you ever been asked to participate in any political, union-organizing, or religious activities while participating in the One-Stop activities? If so, please describe.

12. Overall, how well do you think the services you've received have helped you?

13. Do you have any questions, suggestions or concerns about the One-Stop Center and/or services?
